## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P97000054155 Mar 03, 2000 8:00 am **Secretary of State** T.V. RADIO LABORATORIES, INC. 03-03-2000 90194 012 \*\*\*150.00 Mailing Address Principal Place of Business 8039 W SAMPLE RD 8039 W SAMPLE RD CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-4713 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #,.etc. ~ Applied For 4. FEI Number City & State City & State 65-0763417 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAGUARDIA, JAMES V LAGUARDIA, JAMES V Street Address (P.O. Box Number is Not Acceptable) 1001 S.E. 6 AVE 4035 CORAL SPRINGS DRIVE CORAL SPRINGS FL 33065 (4) APT, B 208 Zip Code 33441-8016 DEERFIELD, BCH. 8. The above named entity submits this statement for the urpose of changing its registered office or registered agent, or both, in the State of Florida 02/19/00 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. X Change Addition **PSD** Delete TITLE TITLE LAGUARDIA, JAMES V NAME LAGUARDIA, JAMES V STREET ADDRESS 1001 S.E. 6 AVE **APT B208** STREET ADDRESS 4305 CORAL SPRINGS DR CITY-ST-ZIP DEERFIELD, BCH, FL 33441-8016 CITY-ST-ZIP CORAL SPRINGS FL 33065 VTD 🧐 😼 ☐ Addition TITI F ☐ Delete TITLE LAGUARDIA, FRANCES 1001 S.E. 6 AVE NAME T APT B208 NAME LAGUARDIA, FRANCES T STREET ADDRESS STREET ADDRESS 4305 CORAL SPRINGS DR BCH. 33441-8016 DERFIELD, CITY-ST-ZIP CITY-ST-7IE **CORAL SPRINGS FL 33065** ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Addition ☐ Change TITL F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an acturess, with all other hands are powered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Addition